#### FOR STATE HEALTH DEPT.

your files. d of Health,

TO DEPUTY IV CAL MINER: This carificate should be executed within 24 hours after death. If any delay is peress execute the delification from the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funer feel as should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatined to You'd be relatined to You'd be relatined to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatined to You'd to Educate the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME BM 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		1838	DICA	IL EXAMIN	IER'	S CERTIFI	CATI	E OF	DEATH	Reg. D	ist. No.	0181	6
	PLACE OF DEATH	orchester		MAR	YLAND	2. USUAL RESID O. STATE	Md.	ere deced	b. COUNT		omi		/
-	Cambridge		RURAL	5 yrs.	IN 16		own (IF o		porate limits, write	RURAL and	give ne	erest town)	
	E.S.S. He		f not in ho	spital, give street oddre	ess)	d. STREET AD		Or	1010 N.	DIV	ISI	e. IS RESIDEN	CE 4?
3.	NAME OF DECEASED (Type or print)	Cora	1	Belle Middle		Baker	4	DATE OF DEATH	Month Feb.		Doy 3	Yeor 1961	
	sex Female	White	WIDOWE	1		9/15/73	}		9. AGE (In years lest burthday) 97 yrs.	# UNDER	Days Days	Hours Min.	IRS.
100	USUAL OCCUPATION OF WORKING	ON (Give kind of work of life, even if refired)	ione 10b.	KIND OF BUSINESS OF	INDUST	Md. (	Word	foreign c	er Co.)		ZEN OF	WHAT COUN	TRYS
13.	Burton S	Shockley				Amelia						- 0	
	WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give wor or dates of		SOCIAL SECURITY NO	-	ecords E.	s.s.	Hosp	ital, Can	bridg	ge, ]	Md.	Ĭ,
	Conditions, If o gove rise to immed (a), stating the course last.	diole cause underlying DUE TO	Cer	ebral vascu							ONSE	AL BETWEEN AND DEATH	
CATION		Fracture		ontributing to DEA	TH BUT I	NOT RELATED TO THE	HE TERMIN	AL DISEAS	E CONDITION GIV	EN IN PAR		PERFORMED?	KY YE
L CEPTER	PRIMARY OF CONCAUSE OF DEATH.	JSE WAS NTRIBUTING (2)	Slip	ped and fe	11 0	n floor.		or Part II	al item 18.)				
MEDICAL	9 45 p. m.		SO Whil	INJURY OCCURRED  Not white ork of work	foci	CE OF INJURY (Ho lory, street, office b Hospital	me, farm, idg., etc.)		mbridge	Dor		Md.	0}
				causes . Acci		-			nspection 🔼,		· bound	and in	ny
	ACTUAL SIGNATURE	tohn 2	no	cep.		M.D.	DICAL EXA	_				DATE SIGNED	
	EXAMINER'S NAME (Type)	John Mace	Jr.				EDICAL EX		Soul		2,	/3/61	
_	REMOVAL (Specify) Burial	Feb. 7.1		Parson ADDRESS		emetery		Sa	lisbury	Mai			
	FUNERAL DIRECTOR	& COMPAN	Y S	ALISBURY	MAR		40. REC'D			when &			

HYATET SO STADITITIS OF ISHMANE MANERALES • ŭ THE STATE OF THE S MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

puo poge 0

WITH CENTRAL OF DEATH 

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE FEB 2 5 '61

		1840		CEKI	IFICA	ALE OF DE	:AIH			Reg. Dist	. No[]	1813
1.	PLACE OF DEATH o. COUNTY	Dorches	ter	MAN	RYLAND	2. USUAL RESIDER	aryl		lived. If instituti b. COUNTY		chest	
	RURAL and give no	If outside corporate limi earest town) ridge	ts, write	c. LENGTH OF STA	Y IN 1b	1		ide corpore	ote limits, write R	URAL and gi	ve nearest	lown)
	OR INSTITUTION	Washingto				d. STREET ADD		Vashi:	ngton S	t.	1 0	RESIDENCE ON A FARM? IS NO X
	NAME OF DECEASED (Type or print)	Tho	mas	Middl Ott	0	Bowley		4. DATE OF DEATH	Feb		18,	Year 196 <b>1</b>
5.	Male	6. COLOR OR RACE Negro	7. MARK			B. DATE OF BIRTH. May 20.	189	-	AGE (In years last birthday) 66 yrs.	San	-	JNDER 24 HRS.
	Labore  FATHER'S NAME	ON (Give kind of work or king life, even if retired BT		kind of Business			hest	er Co		12. CITI	USA	HAT COUNTRY?
15. (Ye	WAS DECEASED EVE	William R IN U. S. ARMED FOR	Bowl	- Af	O. 17. II	NFORMANT	Ha	rrie	tt Spi	cer		
	Yes	WW I	22	0-10-665 le far (o), (b), and (c		lajor Bo	wley	r, Car	nbridge	, Md,	INTERVA	L BETWEEN
	Conditions, if o gove rise to i couse (o), stoling lying cause lost,	mmediote (		oronary	Hear	t Diseas	30					
CERTIFICATION		HER SIGNIFICANT CON								EN IN PART	PI	VAS AUTOPSY ERFORMED?
	(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY								
MEDICAL	Mour o, m.	Y Month, Doy, Yes	While at worl	Not white at work	20e. PU	ACE OF INJURY (Hor fory, street, affice bl	ldg, elc.)		or town)	(Ce	ounty)	(State)
	21. I certify the olive on Pop of the olive on Pop of the olive on Pop of the olive	Julas	126	ond the	t deoth	occurred of	A	_M, from		ind on the	e dote s	the deceosed toted abave.  DATE SIGNED 2-21-6
	BURIAL, CREMATIO BEMOVAL (Specify)	2/23/19	61	Waugh		tery		Caml	on (City, town, oridge,	Mary	rland	(Stote)
43.	FURERAY DIRECTOR	AMICHARY //	/	ADDRESS		24	la. REC'D	BY REGISTR	AR 24b. REGIS	STRAR 5 SIGI	MATURE	

in the funeral director, and 2 should be filed with PHYSICIAN: The law requires that the death certificate be executed within 24 hou the attending physician and completely filled Poges may be ref. 3d by pspital or attending physician.

TO FUNERAL DIRECTOR—After this certificate has been signed by the attending physician and complet page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

ELICANOMINACIONES TRANSPORTATION DE LA TRANSPORTATI BANE Michigan Special Control of the Cont

TO HOSPITAL of ATTE VIG PHYSICIAN: The low requires that the death certificate be executed within 24 hours after demay be retained by the spiral or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the altending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages, Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1841 CERTIFICATE OF DEATH

TOAT	CERTIFICATE OF DEATH	Reg. Dist. No. A T COA
1, PLACE OF DEATH	2. USUAL RESIDENCE (Where	deceased lived. If institutions Residence before admission
O. COUNTY DORCHESTIER	MARYLAND O. STATE	B. COUNTY DRCHESTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16 . C. CITY OR TOWN (If outside	de corporate limits, write RURAL and give nearest town]
PHOADESDALE RIPA	2 VRS - RHOADES	DALE BURAL
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	Idress) d. STREET ADDRESS	Is residence     ON A FARM?
OK INSTITUTION		YES Z -KO
3. NAME OF FIRST	Middle tost 4.	DATE Month Day Year
(Type or print) ELIZA	BRADLEV	DEATH FEB 3 1961
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min.
FEMALE WHITE WIDOWED	DIVORCED 00T, 21, 1877	83 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kilduring most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fo	oreign country) 12. CITIZEN OF WHAT COUNTRY?
112112 - 1 12	Santome JELAU	UARE U.S.A.
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAM	/ //
JOHN JONOVAN	KHODA	NN JOSEPH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no or unknown) [1] [If yes, gave wor or dates of service]	OCIAL SECURITY NO. 17. INFORMANT	Address
	- I ELLA CONKL	IN WORTEN MO
18. CAUSE OF DEATH [Enter only one couse per line	fag(a), (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	ile Itale, advan	eld
DUE TO		
Conditions, if any, which (b) (b)		
couse (o), stoting the under-	•	
lying couse last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CO	DATRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3		YES NO
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED. (Enter nature of injury in Port	l or Port III of item 18.)
A Hour c.m. While	Not while factory, street, affice bldg., etc.)	tof. (City or town) (County) (State)
p. m. 19 of work	of work	13 //
21. I certify that I attended the deceased		1961, that I last saw the deceased
alive an 0 10 19		h, fram the causes and an the date stated abave.  RESS (Street, city or town, state)  DATE SIGNED
ACTUAL RUMANON H	1. GHO Mucon	ALSO (SITOR), CITY OF TOWN, STORED
SIGNATURE A VIA	M.D. Johnson	vece, 100 0 18181
PHYSICIAN'S NAME (Type)	V	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR GREMATORY 22c	1. LOCATION (City, town, or county) (State)
BURIAL 2/1/61	Holly wood Cemetery	Harrington Delaune
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 240 REC'D BY	REGISTRAR 246. REGISTRAR'S SIGNATURE
William Hosham Ju	Leongetown OcksOMER 8	161 Chillen & House
	0 1	

VS A15 (4) 15M 9/55

VS. A15ME(5) 5M 9/55

MARYLAND	STATE DEPARTMEN	NT OF HEALTH-	-BALTIMORE,	18
1842 MEDIC	AL EXAMINER'S	CERTIFICATE	OF DEATH	R

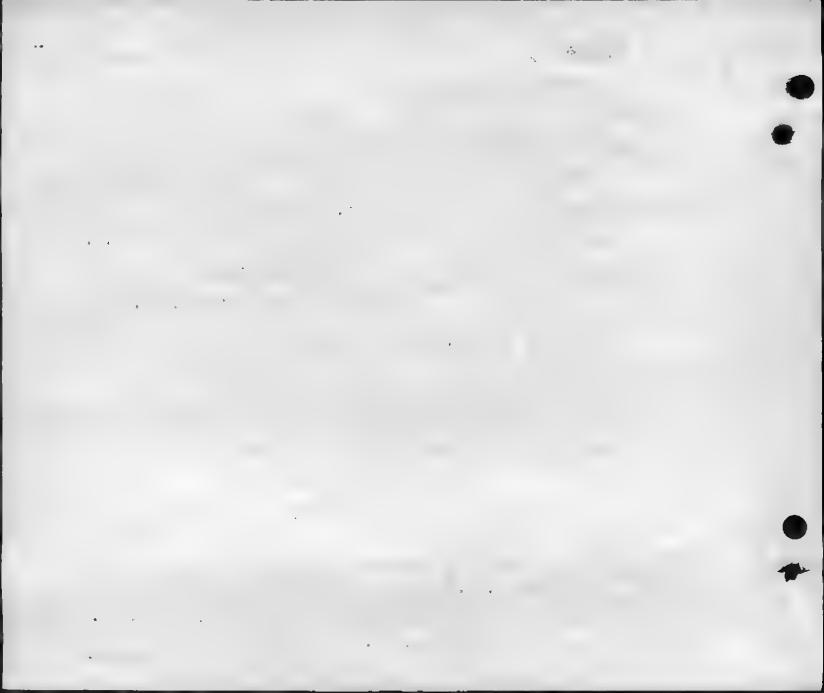
			()	1	0	9	d
a.	Dist.	No.	1.7	-11	0	4	3

1. PLACE OF DEATH	Dorchester		MARYLAN	2. USUAL RES	DENCE (When	decease	b. COUNT			ore odm	
b. CITY OR TOWN ( and give necess tow Rural	f outside corporate limits, write n) Hurlock	RURAL C.	LENGTH OF STAY IN 11	c. CITY OR		side corp	orale limits, write	RURAL on	d give n	earest to	own)
	TAL OR INSTITUTION (	If not in hospital	, give street address)	d. STREET A			1			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	George	•	Middle Edward	CEPHAS	1	DATE OF DEATH	Month February		Day		fear 961
5. SEX Male	6- COLOR OR RACE	7. MARRIED P	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	8, 1926		9. AGE (In years lost birthday) 34 yrs.	Months	Days		ER 24 HRS. Min.
Day Labore	ng life, even if retired)		of Business or INDU	ion Mar	yland	foreign on		12, CIT	USA	F WHAT	COUNTRY?
John Cepha	15			14. MOTHER'S		Æ					
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. SOC	IAL SECURITY NO. 17.	INFORMANT			Address				
Yes. no. or unknown) Yes	(If yes, give war or dates of		-07-8665	Mrs. Mary	Lee Ce	ephas	6 Hurl	lock,	Mar	yler	nd
	TH (Enier only one country was Caused By: IMMEDIATE CAUSE (o) DUE TO	Cone	o), (b), and (c).]	lusion					INTE	Ins	tant
CATIC	diota couse ounderlying DUE TO (c)		BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE	CONDITION GIV	EN IN PAI			AUTOPSY ORMED?
	NTRIBUTING 🖂 📗	b. DESCRIBE HO	W INJURY OCCURRED.	(Enter noture of in	ury in Port I o	r Port II c	of item 18.)				
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yea	While		ACE OF INJURY (Fictory, street, office		20f. (City	or lown)	{Co	ounty)		(State)
			ains described ob Accident , S				spection K., determined o		ry 🔲 ].	, ond	find that
ACTUAL SIGNATURE	Jan	· m	- L		EDICAL EXAMI	_	: 🗆			DATE :	SIGNED
EXAMINER'S NAME (Type)	or. John Ma	ce, Jr.		DEPUTY	MEDICAL EXAM	MINER 2	2/9	/61			
220. BURIAL, CREMATIC REMOVAL (Specify Burial	Teb. 11,		NAME OF CEMETERY C Cast New Mar				New Mar		M	(Slot	0)
23. FUNERAL DIRECTOR			ADDRESS			REGISTR	204			-	
J. J. Hrs	mptom & Son	I Ledu	rolsburg, M	ICI.	DATE			arthur	1. 16	bild.	

THAT WORK AT HEAVING THE CONTINUATE OF DEATH

Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S DEATH HEALTH DEPS. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved, If institution: Resi e. COUNTY Page Health, cirector. Pas **b.** COUNTY Dorchester Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporele limits, write RURAL and give neerest town) your write RURAL and give nearest lown) Life Cambridge ō Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) STREET ADDRESS . IS RESIDENCE ON A FARM? iould be executed within 24 hours after death. It any define in pencil in Item 18. Give Pages 1, 2, and 3 to the funer... Office along with form PM3. Page 5 may be retained it burial-transit permit. File pages 1 and 2 with the State Bc moval, and In any event within 72 hours, after death. Cambridge Maryland Hospital YES NO 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED OF Delema Conway (Type or print) DEATH February. 11 61 19 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR , 8. DATE OF BIRTH IF UNDER 24 HRS last bighdey) Female Negro WIDOWED [ D VORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) U.S.A. Maryland Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Stiles Florence Whittington 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) Louise Cornish Vienna. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), [ INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial inferction Instant IMMEDIATE CAUSE (a) DUE TO removal. This certificate should Conditions, if any, which (b) "pending" gave rise to immediate cause N 6 DUE TO ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner" FUNERAL DIRECTOR: Page 3 should be used as its designated egent, prior to burial, cremation, or n (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT COND. TIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 20%. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY □ or CONTRIBUTING □ EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. at work | et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion agent, Natural causes X Suicide Undetermined manner death resulted from. Accident | |. Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2/20/61 DEPUTY MEDICAL EXAMINER A EXAMINER'S DEPUT John Mace Jr. M.D. NAME (Type) Address (Street, city, town, or county) 9369 226. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) /16/61 Vienna Cemetery Vienna. Dor. . O 0 7 0 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cambridge, Md. Herbert StClair VS. A15ME DATE MAR 1 6 '61 arthur S. Krous 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



		1844 Item 22 MilmG282 3	FOF DEATH Reg. Dist. No. (11822)
	1	PLACE OF DEATH OACHESTEY MARYLAND 2 U	USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE  Anguland b COUNTY Cochester
4)	E	TOWN TOWN TO BUSINESS CORPORATE PROPERTY OF STAY IN 16 C. RENGTH OF STAY IN 16	c. CITY OR TOWN (It outside corporate limits, write RURAL and give necrest town)  Last New Market
3		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
1		NAME OF DECEASED (Type or print) Dianne Ginese C	ondway Death 2-26-1961
" seeded	5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAT	ATE OF BIRTH  9. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS    Ost birthday   Months   Days   Hours   Min
	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Maryland SA
	13.	Algia Conaway	Sedonia Henry
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (IOCIAL SECURITY NO 17 INFORM (If yes, give wor or dotes of service)	mant Henry, East new Market, M
		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	mlumaria INTERVAL BETWEEN ONSETAND DEATH
1		Conditions, if only, which ) (b) When Res	spiratory Tract Infection 4 days
		gove rise to immediate couse (a), stating the under-typing couse lost.  DUE TO	
_	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT F	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 100
1 7		206 ACCIDENT WAS UNDERLYING THE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	iter nature of injury in Port I or Port II of Item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. 19 While Not white of work of work	OF INJURY (Home, form, street, office bidg, etc.) (City or fown) (County) (Slote)
		21. I certify that I attended the deceased from 2/22/ (alive on 2/25/6), 19, and that death occurrence of the deceased from 2/22/10/10/10/10/10/10/10/10/10/10/10/10/10/	curred at 5 A M, from the causes and on the date stated above.
į.		ACTUAL SIGNATURE ADSON F. G. YEELLS) M.D.	ADDRESS (Street, city or town, state)  DATE SUBNED  2/26/6/
1		PHYSICIAN'S NAME (Type) JASON F. G. NEE M.D	Hurlock, Maryland
	220	PENDIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREATERY OF CREA	East New Larker, Laryland
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
		Family	DATEFER 2 8 '61 Out of Kun

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

01823

	1015 CERTIFICATE OF DEATH
	1. PLACE OF DEATH a. COUNTY To choose MARYLAND  2 USUAL RESIDENCE (Where deceased lived in institution- Residence before admission) b. COUNTY Down I. LEE
1)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  RURAL and give nearest lawn)  A CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  A CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  e. 15 RESIDENC ON A FARM
	3 NAME OF First Middle Lost 4. DATE Month Day Year
	OF (Type or print) Herk Leine Coulbourne DEATH Cobrumy 21 19
	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED [] B DATE OF BIRTH 100 100 100 100 100 100 100 100 100 10
sp f	10a USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)  10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  11c CITIZEN OF WHATCOUNT
	None Rone Cambridge, Maryland U.S.A.
	13. FATHER'S NAME-
	Charles W. Coulbourne, Jr. Bessie Vheatley
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  (Yes, no, or unknown) (If yes, give wor or dotes of service)
	one Mrs. Chrls. T. Coulbourne, r., Auclock, "C
	18 CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Dibhthria
	O 55 X DUE TO
1	Canditions, if any, which (b)
	cause (o), stating the under:
	Iying cause last.   (c)
	PERFORMED YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a. m  While Not white of wark of
	21. I certify that (1) (this hospital) attended the deceased from 2/18/6/19, ta 2/2/, 196 that (1) (we)
	saw the deceased alive an 421/6/19 and that death accurred a0:15P, from the causes and an the date stated about
	220 SIGNATURE  ATTENDING MED STAFF 2/24 SIGNATURE  ATTENDING MED DIRECTOR PHYS 1/24 SIGNATURE
F	PHYS CIANS NAME (Type) Lawrence Maryanov 22d. ADDRESS ambridge Md
	230. BURIAL CREMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)  REMOYAL (Specify)  Lin ial
	24 FUNERAL DIRECTOR'S SIGNATURE 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
	DATE FEB 2 7 '61 Circling S. Krone



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEPARTMENT OF HEALTH

01824

Chillen & Thous

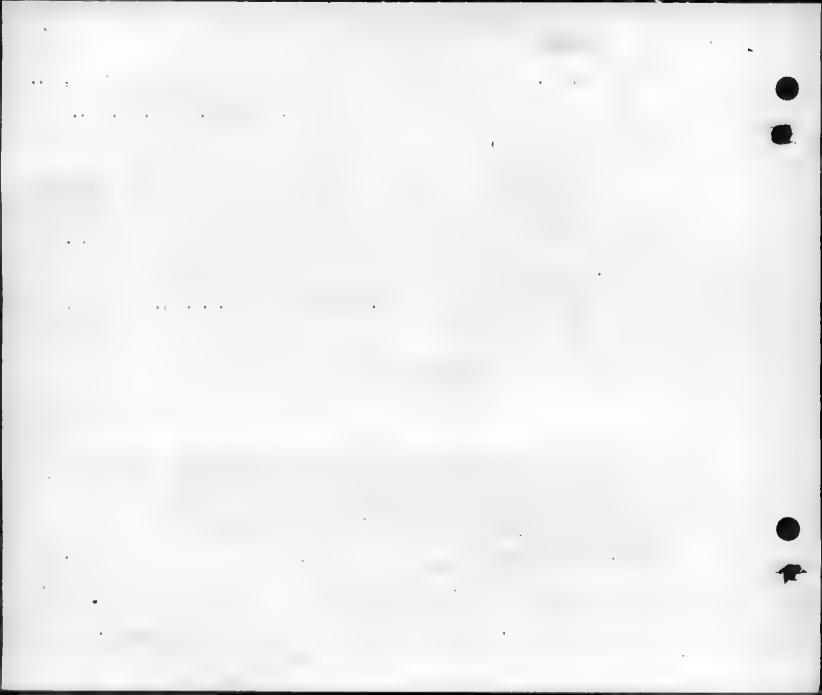
	UTOL		GENTINION	TIE OF BEATT						
PLACE OF DEATH G. COUNTY DORCHE	emiro do		MARYLAND	2. USUAL RESIDENCE (W. STATE MARYLAN)	here decease	d lived. If institution b COUNTY				
LUNUILE	f autside carporate limi	ite wella. La IGN	NGTH OF STAY IN 16	c. CITY OR TOWN (IF		costo firmite sucito P		CHESTE	, -,,	
RURAL and give ne			WEEKS	CAMBRIDGE.	MARYL			_ 44 _	ident)	
d. NAME OF HOSPIT	AL (If not in haspitel, s			d STREET ADDRESS	LIMITE	AND.	R.F.	e IS	RESIDENCE	
CAMBRIDGE	MARYLAND H	OSPTTAT		NONE					ON A FARM?	
NAME OF	Fit		Middle	Lost	4. DATE	Man	lh:	Day	Year	
(Type or print)	EDIT	H	KEYES	DAIL	OF DEATH	2		15	19 61	
SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)		ER 1 YEAR IF L	1	
FEMALE	WHITE	WIDOWED	DIVORCED [	9/16/1890		70 yrs.	Months	Days Ho	ours Min	
USUAL OCCUPATIO	N (Give kind of work	dane 10b KIND (		USTRY 11. BIRTHPLACE (State	_	auntry)	12.CI	ITIZEN OF WH	AT COUNTRY	
HOUSEWIFE	ng life, even if retired	HOU	JSEWIFE	MARYLANI	)			U.S.	A	
FATHER'S NAME				14. MOTHER'S MAIDEN						
	R. MILLE	,		MARY SI	LACUM					
WAS DECEASED EVE	R IN U. S. ARMED FOR Iff yes, give war ar doles of t NO	(CES7 16, SOCIA		INFORMANT		Add				
NO	NO	NO	Mh	R. CLARENCE KE	EYES, I	R.F.D.#3,	• CAI	MBRIDG	E, MAR	
	TH [Enter only one co	ouse per line far (	a), (b), and (c).]						AL BETWEEN	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	URFA	ATA							
agent per	DUE TO									
Conditions, if any, which agree rise to immediate (b) ARTERIOSCIEROSIS										
cause (a), stating the <u>under.</u>										
lying cause last.	) (c	)								
				T NOT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	VEN IN PA	P	ERFORMED?_	
FRACTU	RE OF RIGHT		CRAL PRESS		2 10 2	4 11 -5 '1 10 1		YE	S NO 2	
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	Old in	- frie Si	ED (Enter nature of injury in	Bal	lingt.	- 81	Kaus	ace	
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	- 1	7	PLACE OF INJURY (Hame, far actory, street, affice bldg., et		y or town)		(County)	(State	
p. m.	19	While fi	MZ1 #40116		,	•				
21 I certify tho	t (1) (this hospita	l) attended th	e deceased from	5-17-60 1	9,.to_	2-15-61	, 19!	61 , that	(I) (we) lo	
sow the deceas	sed falive on 2-	15961	19 , and that	death occurred of	M, from	the causes or	nd on th	he date str	oted obav	
220 S GNATURE	10/0/	3-12					_		22b DATE SIGNE	
- gree	EUIST-	Jane	Je -	M.D. PHYS.	MED. DIRECTOR [	STAFF PHYS.		2-	18-61	
22c PHYSIC AN'S NAME (Type)	ALBERT E. 1	BUNKER, 1	4. D.	CAMBRIDO	GE, MAR	YLAND (20	O MA	RYLAND	AVE.)	
	IN, 23b DATE THERE	OF 23c	NAME OF CEMETERY	OR CREMATORY	23d LOCA	TION (City, town,	ar county	r]	(State)	
REMOVAL (Specify)	2/18/19	61. DO	ORCHESTER M	MEMORIAL PARK	CAME	BRIDGE M	ARYL	AND.		
. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		"D BY REGIS	TRAR 25b REGI	STRAR'S	SIGNATURE		

LE COMPTE FUNERAL FUNERAL SERVICE, CAMBRIDGE, PARFEB 21 '61

director, iled with TO HOSPITAL TO ATTEXTION OF PRYSICIAN THE FORM REQUIRES that the dmoth certificate by Executed within 24 hours, a may be retained by the continuous physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

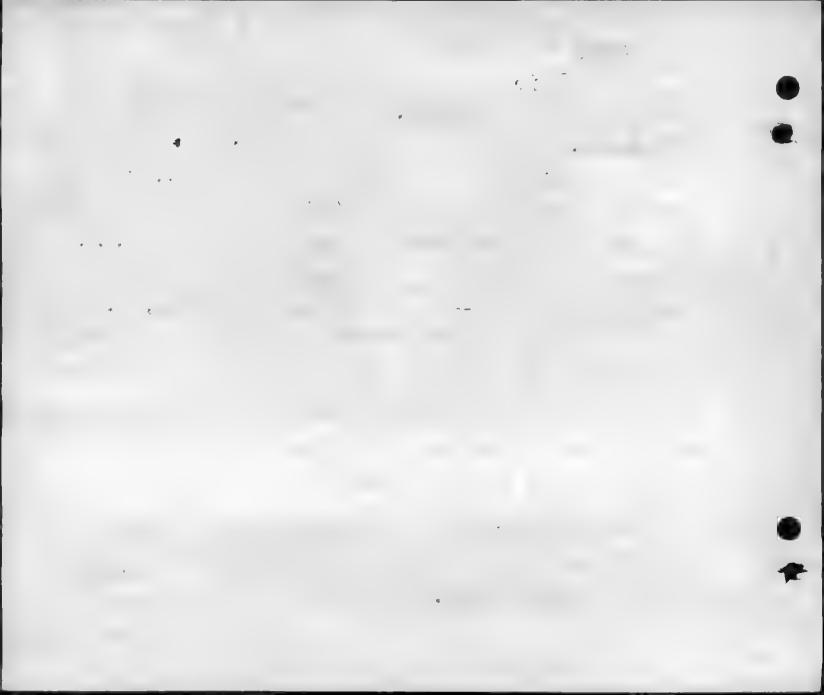
PHYSICIAM: The low requires that the dooth certificate be executed within 24 hours

VR A15 (4) 1SM 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTIL DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) 1. PLACE OF DEATH virector, Fage or your files, and of Health, e. COUNTY e. STATE Maryland Dorchester b COUNTY Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Cambridge Cembridge 10 vrs. Board d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RES DENCE ON A FARM? 110 Race St. O DEPUTY MEDIC EXAMINER: This certificate should be executed within 24 hours after death. If any defines execute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funera 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 0 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, or removal, and in any exact within 72 hours after death. 110 Race Sot. 3 NAME OF Middle Last 4. DATE Dev DECEASED OF Dillon (Type or print) Ella DEATH 19 61 Feb 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR 88 vr. Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Own home Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ilnknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesg:vewerordetesafservice) Hilda Mowbray Cambridge, Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary occlusion Instant IMMEDIATE CAUSE (6) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NON 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INUJRY OCCURRED, 20e, PLACE OF INIJRY (Home, ferm, 20f, (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work at work Inspection X. 21. I certify that I took charge of the remains described above, held an Autopsy , Inquiry and in my opinion death resulted from Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) John Mace Address (Street, city, town, or county) 222 SURIAL CREMATION | 225, DATE THEREOF CEMETERY OR CREMATORY LOGATION (City, lown, or country) REMOVAL (Spec'fy) 246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATUR VS. A15ME arihur S. Henres 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



1848 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Dorchester Marvland Dorchester b. CITY OR TOWN (If outside corporale limits, write c LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cambridge Cambridge Three vrs. d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE Cambridge Maryland Hospital Edgewood Avenue YES NOT NAME OF DECEASED 4. DATE Manth DEATH (Type or print) Richard Green Evans Feb. 28.19 61 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED [ 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Construction Seymore Co., Va. USA Laborer 13 FATHER'S NAME 4 MOTHER'S MAIDEN NAME Unknown Wvatt Green WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address No mospital Hecord 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (b) Urenia Conditions, if any, which Hypertensive Arteriosclerotic Cardiovascular gave tise to immediate Renal Disease cause (a), stating the underlying cause last. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? Carcinoma of Rectum YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) factory, street, office bldg, etc.) Hour o.m. Not while at work at work 17. 1961, to Feb 28. 19 61 that I last saw the deceased 21. I certify that I attended the deceased from Fob alive on the orugery ... 19.61, and that death accurred at\_\_\_\_\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Pine St., Cambridge ...d. PHYSICIAN'S Edwin Fassett M.D. NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Waugh Cemeterv Cambridge, Maryland 23 FUNERAL DIRECTOR SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Cambridge Md. DAWAR 1 C. Ilua & Frank

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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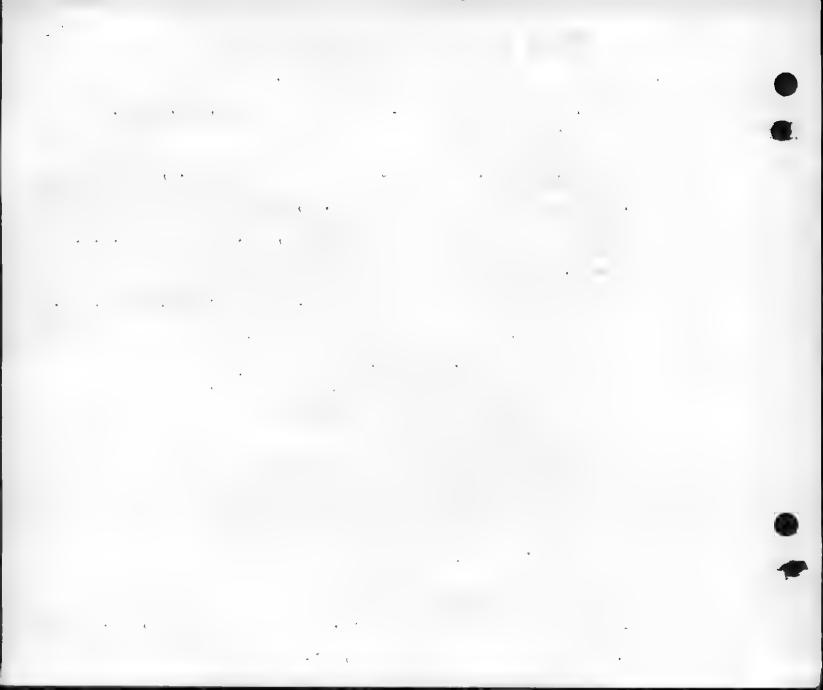
. 1													
1		PLACE OF DEATH 2. COUNTY	rchester		MARY	LAND	2, USUAL RESID	PENCE (Who		lived of institute b. COUNTY			
	Ŀ	RURAL and give ne	outside corporate limi grest town) 🕰	ts, write	to degree	IN 1b	c CITY OR T		liside corpor	ote limits, write R	URAL and g	ive nearest t	own)
7	(	OR INSTITUTION	AL (If not in hospital, g Hurping II	ive street OMO	oddress)		d. STREET A	DDRESS				OI	RESIDENCE N A FARM?
		NAME OF DECEASED Type or print)	Fir G1	are.	Middle	Lut	bard		4. DATE OF DEATH	Mor	ih brue ry	Doy	Yeor 19 31
	S. S	_	6. COLOR OR RACE	7- MAR WIDOW	RIED NEVER MARRIE		B DATE OF BIRTH			9. AGE (In years last birthday)		TYEAR IF UI Days Hou	
		POME TO USUAL OCCUPATIO during most of work		done 10b.	. KIND OF BUSINESS O		STRY 11. BIRTHPL	ACE (Stole o	fore gn co	untry)	12 CITI2	EN OF WHA	AT COUNTRY?
	13.	FATHER'S NAME	rk		riome		14 MOTHER'S			ryland			
		WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO	. 17. II	Phoe	ebe Ti	erce	Add	ress		
	[Tes,	, no, or unknown) (I	If yet, give war or dates of s	ervice)	Mone	Ge	eorge Hee	1 7/1	ston,	Millet	oin, E	Jar Yo	elt
			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ine for (o), (b), and (c).							ONSET A	BETWEEN ND DEATH
Conditions, it only which (b) Conculeral Arterisclerus  gove rise to immediate (b)												25	10
		couse (a), stating t		_	Hyputer	and a	Q Cora	en o	rent	Leen	P	2	57-5
	CATION	PART II OTH	ER SIGNIFICANT CON	HITIONS ,	OUTRIBUTING TO DEA	<u>VTH</u> BUT	NOT RELATED TO	THETERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY RFORMED?
	CERTIFY	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20%. DES	SCRIBE AOW INJURY OF	CCURRE	D. (Enter noture of	injury in P	ort I or Part	It of item IB)			
	MEDICAL	20c. TIME OF INJURY Hour o.m. p. m	Month, Doy, Yes	While			ACE OF INJURY (F ctory, street, office			or town)	(C	ounty)	(Stote)
			t (I) (this haspital	7	ded the deceased				47.to_				) (we) last
		22c PHYSICIAN'S	ung 6	D.	(squeet		M D PHYS	TI ME		STAFF PHYS	3	_b	276 DATE SIGNED
		NAME (Type)	Wrold 7.		mer, M.D.		Pr	eston		l ni			
	23a	BURIAL, CREMATION	1 236 DATE THEREO		23c NAME OF CEMI				m.	ton, A F		(:	state)
	24 I	FUNERAL DIRECTOR'S	m and on,	7-4	ADDRESS CTAL Dury,	.ic r	rl nd	250 REC'D	BY REGISTI		STRAR'S SIG		

may be retained by the pital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. G PHYSICIAN: The law requires that the death certificate be executed within 24 hours ATTE TO HOSPITAL VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		TISTICAL RESE			
27.1		CERTI	FICATE	OF DE	ATH
DULT	tom O I	NOTE THE	777377	Y L	

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1	1. PLACE OF DEATH 0. COUNTY	Porchester		MARYLAND	O STATE		ere deceased lived	L COLLETTY			ission)
				-	1	dery.	LETELOR		MOS CHE		
	RURAL and give	l (If outside corporate limi nearest tawn)		c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If or	utside corporate li	mits, write R	URAL ond giv	e negrest to	wn)
	_hode.	Acle - mura	1	Life	7. 1	hode	dale	usel			
4	d. NAME OF HOS	PITAL (If not in hospita), s	jive street	oddress)	d STREET	ADDRESS				e. IS R	ESIDENCE A FARM?
	OK INSTITUTIO	Reid's Gr	ove		1 1	wid's	Grove				NO [
	3 NAME OF DECEASED	Fir	st	Middle	Lo	st	4. DATE OF	Mon		Doy	Year
	(Type or print)	Trina		Μ.	Hughes	5	DEATH		urry	5	1961
	S SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED			9 AC	E (In years t birthday)	Months D		-
	Fomale	Nagro	WIDOWE	DIVORCED [	June 2	3 (700	r unimoi	m) 68	Months	oys Hour	s Min
	10o. USJAL OCCUPA	TION (Give kind of work arking life, even if retired	dane 10b.	KIND OF BUSINESS OR INC	USTRY 11 BIRTHP	ACE (State of	or foreign country		12, CITIZE	N OF WHA	COUNTRY
	Houses	-	1	Home	Doro	cherto	r Co., M	erylar	rd U.	C.A.	
	13. FATHER'S NAME			-	14. MOTHER'S						
	Rober	rt Stanley			Hai	gret	Bezel				
	15. WAS DECEASED	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	0		Addi	ress		
	(Yes, no, or unknown)	(if yes, give war or dates of t		20-01-4244 (	hrus Ibgl	nes. 1	howesdal	c. E.r	rden.	TT	D.
		DEATH [Enter only one co	use per la			7	<i>[</i> 1			INTERVAL	BETWEEN
		EATH WAS CAUSED BY:	11	John Soli	3061 B	11151				ONSET AN	DEATH
	420	IMMEDIATE CAUSE (c	. C. D.	own co	0000011	-VVC3				7,	1
	Conditions if		$ZJ_{i}$	4. GAGA	in SC	Carro	11			1642.	ey >
	gave rise to immediate									, ,	
		couse (a), stating the <u>under-</u> lying cause last.									
			IDITIONS (	CONTRIBUTING TO DEATH B	LIT NAME OF LATERS TO	THE TERMI	MAI DISEASE COL	IDITION GIV	CELL INI PART I	1/m) 10 WA	S. A. ITOPS
	VOITE PART II. (	ALLER SIGNIFICANT CON		ESTATE DE L'ALITE	OT NOT KEDSTED IN	> IIIC ICKMII	ALDISTAST CO.	OTTION OIL	EN IN FART	PERI	FORMED?
\$	200 ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED (Enter noture o	of injury in P	art I or Port II of	item 1B.)			
		URY Manth, Day, Ye	or 20d II	NJURY OCCURRED 20e	PLACE OF INJURY	Hame, form.	20f. (City or to	wnì	(Ca	unty)	(Stote
	Hour o. r	n. 16	While	Nat while	factory, street, affic				,,,,	//	(====
		1.		k at work	V1110		· 2	1-	/ 1		
		7	) attend	led the deceased from	/////	12.	to test	T		., that (I)	
		ased alive on	cr 4	19 <u>00 (</u> , and that	death accurre	d at± <u>A</u>	M, fram the	causes an	d an the		
	22a S GNATURE	5 Reelille	na	ce -	ATTENDING MED. STAFF SIGN M D (PHYS D DIRECTOR PHYS )					226 DATE SIGNE	
	22c PHYSICIAN'. NAME (Type		1)		22d. ADDR						
		T. J.114	771	म्य च मा							
	230 BURIAL, CREMA	TION, 236 DATE THEREC	OF 23	23c NAME OF CEMETERY			23d LOCAT ON	(C ty, town,	or county)	(5:	tote)
	REMOVALISPEC			mia's Grov		y	Rear to	110	الله و الله ا	rrj.La.	n.i.
	24 FUNERAL DIRECTO	OR'S SIGNATURE	Tede	ralsburg, Mar	vland	250 REC'E	BY REGISTRAR	256 REGIS	STRAR'S SIGN	ATURE	
	J.J. T. Whi	om sud nous	T. C. C.C.	- William P & Titter	A medical property	DATER 1	0 '61	Oth	in S. Ha	11.4	

TO HOSPITAL ATTE OF PHYSICIAN: The law requires that the death certificate be executed with n 24 hours offer degrade a may be retained by the Spiral or attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely fulled in bine funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove captor pages. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours piter death.

VR A1S (4) 1SM 9/59



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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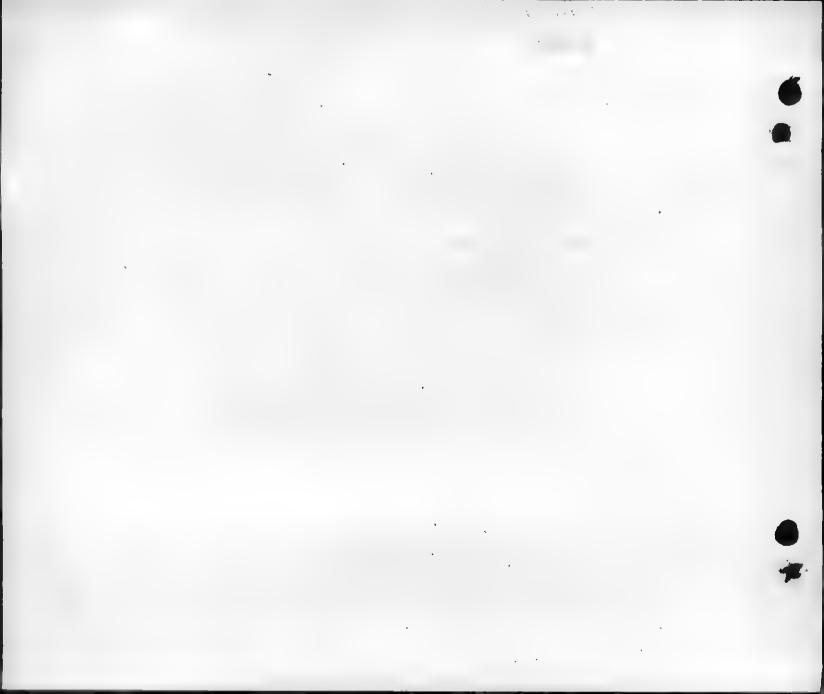
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\	1. PLACE OF DEATH a. COUNTY  Dechester  MARYLAND  2.	USUAL RESIDENCE ) Where deceased lived If institution: Residence before admission)  a. STATE  b. COUNTY				
)	b. CITY OR TOWN (If ourside corporate limits, write RUMA) and give nearest town)  All He.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  a 1S RESIDENCE ON A FARM? YES NO				
_	3. NAME OF Pirst Padelis Ce	Hudeph Death 2 Day Year 1961				
I	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D. D. DIVORCED DIVORCED S	ATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR) IF UNDER 24 HRS.  Manihs Doys Hours Min.				
	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY during most of warking life, even if reflect)	11. BIRTHPORCE (State on foreign country) 12-61717EN OF VIHAT COUNTRY?				
	13 FATHER'S MAME Lert Hurlock	MOTHER'S MAIDEN NAME.				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO THE INFORMANT (If yes, give wor or doles of service) (If yes, give wor or doles of service)					
	1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH				
	DUE TO  Conditions if any, which )	noma of the Tongue 7 months				
	gave rise to immediate cause (a), stating the under- ly ng couse last (c)	oscleratio Heart Disman Years				
	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
	OR CONTRIBUTING C CAUSE OF DEATH OF THE CONTRIBUTION CONT	inter nature of injury in Part I or Part II of item 18 )				
	20c TIME OF INJURY Month, Day, Year Hour a. m. 19 at wark 1 at wark 20d. INJURY OCCURRED 20e. PLACE factory at wark 1	OF INJURY (Hame, form , 20f. (City or tawn) (County) (State) , street, affice bldg., etc.)				
	21 I certify that (I) (this haspital) attended the deceased from.	th occurred atM, from the causes and on the date stated abave.				
	220 5 GNATURE Hasen belling	ATTENDING MED STAFF SIGNED PHYS DIRECTOR PHYS				
	22c. PHYSICIAN'S NAME (Type) ASON VERY My D.	+ Hurloph, Margland				
	230 BARIAL CREMATION 236 DAYE THEREON 22 NAME OF SEMETERY OR IS PROVIDED TO THE PROPERTY OF TH	23d TOLATION (City/lown or colinity)				
	Lette S. Willoughby Coast acust	1250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				

TO HOSPITAL MITTING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after da gage 4 may be retained by spiral ar otherhing physician.

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VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1853Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) En a. COUNTY b. COUNTY Dorchester MARYLAND Dorchester Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural - Cambridge Rural - Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address)
RFD 2 d STREET ADDRESS . IS RESIDENCE ON A FARM? RFD 2 YES NO IN 4. DATE NAME OF First Middle Month Yeor DECEASED John DEATH (Type or print) Roland Jackson Feb. 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Manths Days Hours Male WIDOWED | DIVORCED [ Negro 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Dorchester Co., Md. USA Laborer Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Louise Corni sh Jackson 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address No 20-26-8060 Luvenia Jackson, RFD 2, Cambridge, 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Coronary Thrombosis **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO I 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, [Enter noture of injury in Port I or Port II of item 18.] MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.] Hour o. m Not while While of work at work 21. I certify that I attended the deceased from Ian 21 alive an\_ # blansman  $\rightarrow$ , and that death occurred at  $2\mathbb{P}$ 12 19 \_M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ing St-Cambridge ... d. PHYSICIAN'S NAME (Type) Mwin Bassatt 226. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2/9/1961 Fast New Market Burial East New Market, Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S **MIGNATURE** ADDRESS L + 5 8 Knows DAMES 2 3 '61 Cambridge.

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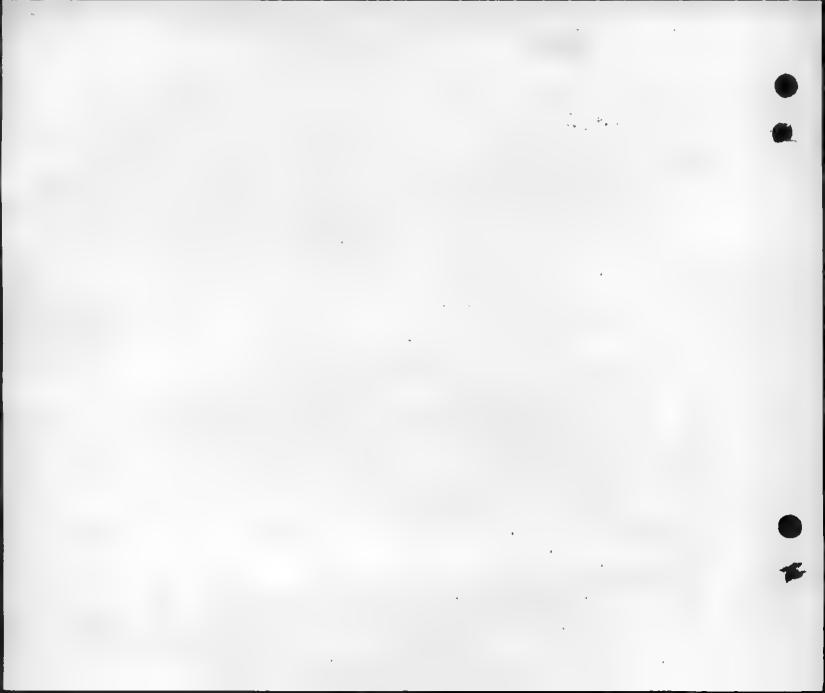
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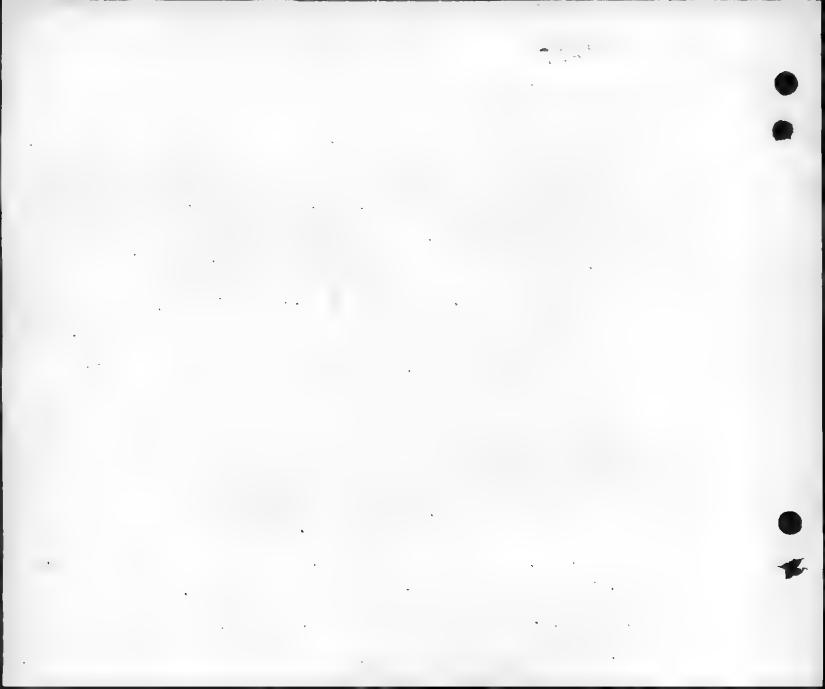
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1854

o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (WI	nd b. COUNTY	Dorchester
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	a. CITY OR TOWN (IF C	putside corporate limits, write RUF	RAL and give nearest town)
d NAME Of HOSPITAL (If not in hospitol, give street OR INSTITUTION Tisler's Rest Tome	t oddress)	d STREET ADDRESS	1 Box 200	e IS RESIDENCE ON A FARM? YES NO
3 NAME OF First DECEASED (Type or print) That he lie	Middle Lee	Jenkins	4. DATE Month OF DEATH F brus	/
	RRIED MÊVER MARRIED	B DATE OF BIRTH December 13.		F UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
100 USJA. OCCUPATION (Give kind of work done 100 during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Mergland		12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME [Tilliam T. Leo		14. MOTHER'S MAIDEN N	. Tr vors	
(Yes no, or unknown)         yes, give wer or dates of service)	8. SOCIAL SECURITY NO. 17, IN 217-05-3362 D	nformant ny T. Janki:	ns Feder-1sbru	
IB CAUSE OF DEATH [Enter only one couse per PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	line for (o), (b), and (c) 1	ic Fail	enl	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	maker	moria	~	2 00 4
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition give	N IN PART I(o) IP WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CONTRIBUTION OF CANADATH OF CONTRIBUTION OF CANADATH OF CONTRIBUTION OF CONTRI	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part 1 or Part II of item 18.)	
		ACE OF INJURY (Home, farm ctory, street, affice bidg, etc.		(County) (Stote
21 I certify that (I) (this haspital) attended the deceased from January 1861, ta Feb. 7, 1961, that (I) (we) las saw the deceased alive an Feb. 61861, and that death accurred at 11AM, from the causes and an the date stated above 220 SIGNATURE  ATTENDING MED DIRECTOR DEPHYS DECEASED ATTENDING MED DIRECTOR PHYS DECEASED.				
22c PHYSICIAN'S NAME (Type)		22d ADDRESS	RECTOR DEPHYS D	1. no
23u BURIAL CREMAT ON, 23b DATE THEREOF REMOVAL (Specify) Tob. 11, 100	23c NAME OF CEMETERY O		23d LOCATION (City, town, or Viunna.	
24 FUNERAL DIRECTOR'S SIGNATURE  J. J. Tremptom & Con	Address Foders Labur	1	D BY REGISTRAR 256 REGIST	RAR'S SIGNATURE





FOR STATE HEALTH DEPT of files. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune.

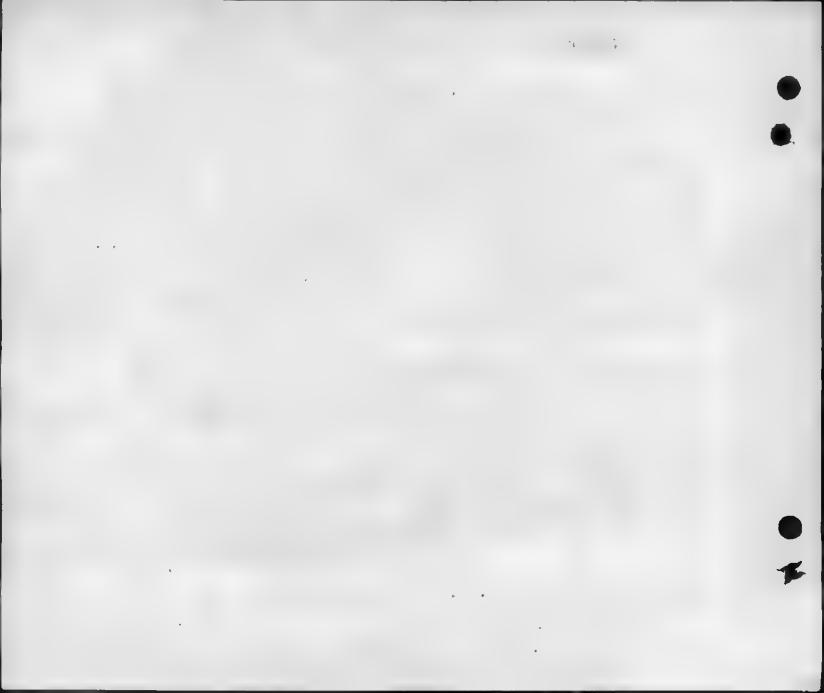
4 should be forwarded to the Chief Medical Examiner's Office along with form, PM3. Page 5 may be retained for a TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. For pages 1 and 2 with the State-Rodruc or its designated agent, prior to burial, cremation, or removal, and in any sent within 72 hours after death. MINIMER: This certifically should be executed within 24 hours after death, if any d

TO REPRITE

VS. A15ME

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 18:06 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

•	1. PLACE OF DEATH a. COUNTY	S. DIT. OH -OGI A		ased lived, If institution: Residence before admission)						
	Dorchester	MARYLAND	. STATE Maryland	b. county Dorchester						
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outs'de corpora	te limits, write RURAL and give nearest town)						
	write RURAL and give nearest town) Rhoulesdaile	Life	X Rhodesdale							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pila, giva straat address)	d STREET ADDRESS	a. S RESIDENCE						
			/	ON A FARM?  YES \ NO:						
h	3. NAME OF First	M ddle	Last 4. DATE	Month Day Yaer						
	(Type or print) Jacob	DeCecco	Macer DEATH	February 19 19 61						
	5. SEX 6. COLOR OR RACE 7, MARRIE			AGE (In years   IF UNDER I YEAR IF UNDER 24 HRS.						
	Male Negro WIDOWE		lay 14, 1980	ast birthday) Months Days Hours Min.						
	10s. USUAL OCCUPATION (Give kind of work 1Db. K		11 BIRTHPLACE (State or foreign count	,						
	done during most of working life, even if retired)									
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	land UA						
1	Tiefford D. Jackson		Dora H. // gon Nac	er						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unkown)   (Ifyasgivawarordetasofsarvica)	SOCIAL SECURITY NO 17, 1	NFORMANT	Address						
	110	Fone Id	la R. Macer, Rhodesd	ale, Maryland						
	18. CAUSE OF DEATH (Enter only one cause par I			NTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TOX	emia	And the second s	2 days_						
	O/1 O DUE TO									
	1 177	ute enteriti	8	2 days						
	gava risa to immadiata causa (a), stating the underlying  DUE TO									
	causa last. (c)			A TO SECULAR S						
	PART 1. OTHER SIGNIF.CANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?						
	<u> </u>			YES NO NO						
	PART I. OTHER SIGNIF.CANT CONDITIONS CONDITI	BE HOW INJURY OCCURED. (F	ntar nature of injury in Part I or Part II of Ita	m 18.)						
	20c. TIME OF INJURY Month, Day, Year   20d.		CE OF INJURY (Homa, farm, 20f. (City of	town) (County) (State)						
	20c. TIME OF INJURY Month, Day, Year 20d. While Burn. 19 all wor	- TOT TITLE	ry, street, office bldg., atc.)							
	21. I certify that I took charge of the rem	ains described above, he	d an Autopsy , Inspection 2	, Inquiry , and in my opinion						
	death resulted from. Natural causes	Accident [_]. Suici	de [_], Homicide [_], Unde	termined manner						
		0	CHIEF MEDICAL EXAMINER							
	SIGNATURE MAN	conti	M.D. ASSISTANT MEDICAL EXAM.NER							
	EXAMINER'S John Mace Jr	M.D.	DEPUTY MEDICAL EXAMINER	2/22/61						
	22a BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	Address (Street, city, town, or cou	N (City, town, or country) (State)						
	Puris 1 Feb. 1, 1301	Cholesdale Com								
	23. FUNERAL DIRECTOR J. J. Tamptom and Son, Teder	ADDRESS 1	24a. REC'D BY REGISTRA							
	J.J. ramptom and bon, leder	arsom? rellin	DATEFEB 2 7 '61	Critical & House						
			I WAILT TO VI	- Thous						



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND WEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY Health, **b.** COUNTY DORCHESTER, CO. files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) CAMBRIDGE, MARYLAND. CAMBRIDGE, MARYLAND. R.F.D.# 1. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? CAMBRIDGE MARYLAND HOSPITAL NONE YES T NO ate 3. NAME OF Middle Last 4. DATE Month S DECEASED OF the [Type or print] DEATH 1961 VASHTT WITTEY MITTIS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. age 5 may 1 and 2 with 72 hours at last birthday) | Months | Days Hours HOMATE WIDOWED T DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PM3. Pages 1 pages 1 within 7 HOUSEMEER HOUSEWIFE SEWARDS, MARYLAND.

14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME JOSEPH WILLEY ELANORE INSLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) MRS. ALLAFAIR, R.F.D.# 1, CAMBRIDGE, MARYLAND. 10 NO NO
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial failure IMMEDIATE CAUSE (a) DUE TO Offi Fracture neck left femur Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa 19. WAS AUTORSY CERTIFICATION PERFORMED? should be NO P 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Part H of Item 18.) 20a EXTERNAL CAUSE WAS Chief Me PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Slipped and fell in home. 1 20d, INJURY OCCURRED -20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While et work Home et work 6119 Cambridge. Dor. Md. 21 I certify that I took charge of the remains described above, held an Autopsy \( \int\_{\text{.}} \) Inspection X CIO Inquiry [ and in my opinion forwarded I death resulted from: Natural causes Accident 🛣 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forward. PINERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2/13/61 DEPUTY MEDICAL EXAMINER X EXAMINER'S DEPU NAME (Type) John Mace Address (Street, city, town, or county) 220, BURIAL, CREMATION, 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) BURTAT 40 9 GREENLAWN CEMETERY CAMBRIDGE MARYTAND 23. FUNERAL DIRECTOR VS. AISME FEB 1 5 '6 arthur S. Kraus COMPTE FUNERAL SERVICE, CAMBRIDGE, MARYLAND, DATE 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



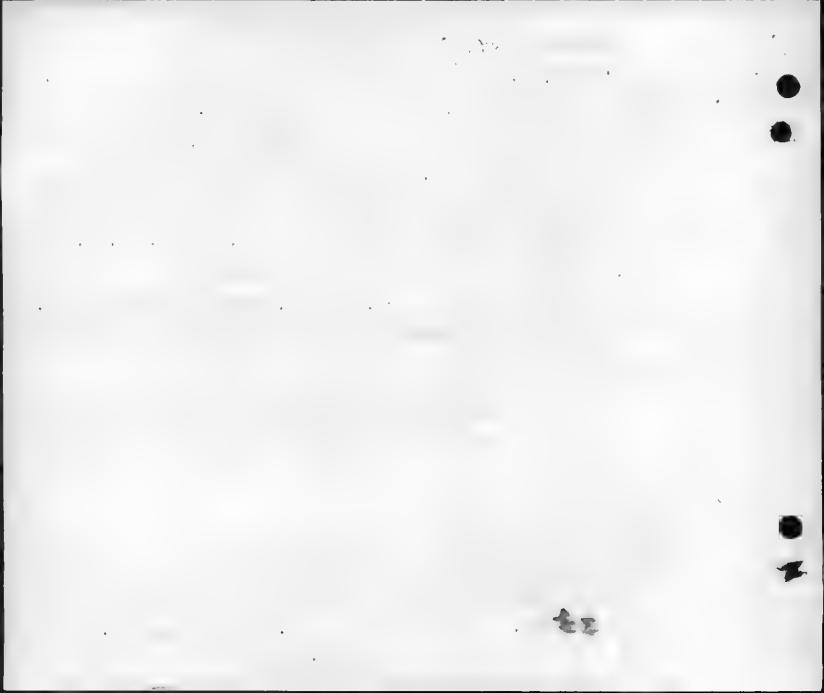
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1858	CERTIFICAT	TE OF DEATH		0/836
PLACE OF DEATH o. COUNTY			e deceased lived. If institution	Residence before admission)
DORCHESTER, CO.	MARYLAND	d. STATE MARYLAND	b. COUNTY DO	DRCHESTER, CO.
b CITY OR TOWN (If outside corporate limits, write c. LEI	NGTH OF STAY IN 16	c. CITY OR TOWN (If our	side corporate limits, write RUR	
CAMBRINGE, MARYLAND 2	MONTHS	CAMBRIDŒ, 1	MARYLAND.	1 3
d NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION	3)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
LASGOW NURSING HOME	Į.	429 DORCHES	STER, AVE.	YES NO X
NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) CHARLES	W. M	OWBRAY	DEATH 2	27 1961
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [	DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS
MALE WHITE WIDOWED K	DIVORCED 🗌	3/6/1869	91 yrs.	Aonths Days Haurs Min.
On USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
	MER	DORCHESTER	. CO. MARYLAND.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
JOHN W. MOWBRAY		ANNIE PA	ATTISON	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17. 1N	FORMANT	Address	3
NO NO NO	) MR	. CHARLES W. I	MOWBRAY. CAMBRI	DGE MARYLAND
18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c),1			INTERVAL BETWEEN
Candilions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.			DMBOSIS	7 4004
PART II. OTHER SIGNIFICANT CONDITIONS CONTR		NOT RELATED TO THE TERMIN	al disease condition given	IN PART I(o) 19 WAS AUTOPSY PERFORMED?
	HAW INHIBY ACCHIORED	L. (Enter nature of injury in Pr	ort Lor Port II of Itam 18.1	112   10
	HOW INJURY OCCURRED	. (Enter noture of injury in Po	ort 1 ar Port 11 af item 18.)	16   10
20c TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. While	OCCURRED 20e PLA		ort ! ar Port II af item 18.)  20F (City or tawn)	
20c TIME OF INJURY Month, Day, Year 20d. INJURY While of work 21 1 certify that (1) (this haspital) attended the	OCCURRED 20e PLA fool of wark in the deceased fram.	cce OF INJURY (Home, form, fory, street, office bldg., etc.)	20f (City or tawn)  7, ta 2 / 2.7  7 Fram the causes and	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While of work of work 21 I certify that (I) (this haspital) attended the saw the deceased arive on 22 22c. PHYSIGIAN'S NAME IN PART OF 123c. BURIAL, CREMATION. 23b DATE THEREOF 23c.	OCCURRED 20e PLA fool of wark in the deceased fram.	eath occurred at 30.  A.D. PHYS. DDRESS	20F (City or tawn)  7, to 2/2.7  M Fram the causes and	(Caunty) (State  , 19 of that (I) (we) lass an the date stated above 22b DATE  J. MAR. S. GNEI
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While of work	OCCURRED 20e PLANT while of wark on that do not have the plant of the	eath occurred of 30.1  A.D. ATTENDING MEE PHYS. DDRESS  R CREMATORY  MORTAL PARK	20F (City or tawn)  7, to 2/2/7  M. fram the causes and  CTOR PHYS   23d LOCATION (City, town, or CAMBRIDGE MAR	(Caunty) (State  , 19 of that (I) (we) las an the date stated above  22b DATE S GNEL MAR 2

TO HOSPITAL MATER 16 PHYSICIAN: The law requires that the death certificale be executed within 24 hauses a dead page 4 may be retorned by the pital or attending physician.

TO FUNERAL MINICION: After this certificate has Rean signed by the attending physician and compostely fined in a funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carban pages. Pages 1 and 2 shauld be the with the State Baard of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death.

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Page 4	•	rector,	ed with	M
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within 24		elely filled	. Poges 1	In-death.
e mecuted		and compl	oon papers	72 hours of
ertificate b		physician	emove corl	ent, within
e death ce		attending	an please r	in any eve
TO HOSPITAL ATTE IG PHYSICIAN: The taw requires that the death certificate be amecuted within 24 hours often dea		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with	ie State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after-death
e tow regi	physician.	os been sig	ial-transit p	atian, ar re
SICIAN: T	offending	ertificate h	as the bur	urial, crem
IG PHY	pitol or	After this c	ed for use	prior to b
ATTE	5 by the	RECTOR: A	be detach	af Health
SPITAL	be reta.	VERAL DIS	3 should	tate Board
S TO HO	>> may be reta. Jby the spitol or ottending physician.	TO FU?	abod 41	the S
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		- CON		CERTIFI	CAI		LATIT				11.1.7	Se) 1
1. 1	PLACE OF DEATH				1 2	USUAL RESID	ENCE (Whi	ere deceased lived	. If institutions	Residence bef	ore admi:	sion)
•	DORC	HESTER, CO		MARYL		~ CTATE	RYLAN		COUNTY	ORCHES		CO.
İ		f outside corporate lim	its, write	c LENGTH OF STAY II	N 1b	c. CITY OR T	OWN (If o	utside corporate la	nits, write RURA	L and give no	earest tow	m)
	CAMBRIDGE	MARYLAND		2 WEEKS.	. 1/	3 CAME	RIDGE	MARYLA	ND.			
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	give street	oddress)		d. STREET A					ON	SIDENCE A FARM?
C.	AMBRIDGE M	IARYLAND HO	SPITA	\L.		RACE,	STRE	ET.			YES [	NO X
3.	NAME OF DECEASED	Fil	rsl	Middle		Last	1	4. DATE OF	Month	٥	ау	Yeor
	(Type or print)	WIL	LIAM		NIC	HOLS		DEATH	2		24	19 61
S. S	EX	6 COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B	DATE OF BIRTH	-			UNDER 1 YEA		1
	MALE	WHITE	WIDOW	ED KK DIVORCED	U U	NKnoc	UWIF	78001 75	yrs.	onlhs Days	Hours	Min.
10a	USUAL OCCUPATIO	ON (Give kind of work ling life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (State of	or foreign country)		12. CITIZEN C		COUNTRY
	NONE		<b>'</b>	NONE		UN	IKNOWN			U.S.	A .	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	UNKNOW	IN				UNK	NWOW					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INFO	RMANT			Address			
{Ym:	NO or waknown)	(If yes, give wor or dates of t		UNKNOWN	LE	COMPTE	FUNER	AL SERVI	CE. CAM	BRIDGE	. MD	
	IB CAUSE OF DEA	TH   Enter only one co	use per L	ne for (a), (b), and (c).]	1				,	IN	TERVAL B	ETWEEN
		TH WAS CAUSED BY:	P	20 2000	1-1	0				101	ISET ANI	DEATH
	h 1 -	IMMEDIATE CAUSE (d	(1) E	n in			-			DE-	end	-
		Lake	0	Tura	./.	1	011	X			6	
	Conditions, if o	mmediate		since per	un		0					
	couse (o), stating lying couse lost,		. (	Valine-	-2-	luas		Den			7	
Z	PART II OTH	IER SIGNIFICANT CON	,	CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO	THETERMU	AL DISEASE CON	DITION GIVEN	IN PART 1(o)		AJTOP5Y
CERTIFICATION	m	al- nu	lul	ta							YES [	ORMED?
HE	200 ACCIDENT WA	S UNDERLYING A	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture o	f injury in P	ort I or Port II of	item IB.)			
S	(IF EITHER, NOTIFY	MEDICAL EXAMINER										
CAL	20c. TIME OF INJUR	Y Month, Doy, Ye	ar 20d.	NURY OCCURRED				20f (City or to	wn)	(County	)	(Stote
MEDICAL	Hour o.m.	19	While	Not while	toctor	y, street, office	bldg., etc	1				
**		t (IV (abia because					10	J. ia Fa	174	70/2/1	hat (I)	tual las
			יי ליי	ded the deceased f			A			-		
	saw the deceas	ed office on		196 ( and t	nat dec	occurred	ACOID I	M, from the	causes and	on rne dai		2b DATE
	III GIGINATORE	118000		1100	M,	ATTENDING	G ME		AFF YS.	7.12	11/1	SIGNED
	22c PHYSICIANS	00100		pro	LAt*	22d, ADDRE		CECTOR L. FI	73.	4	<i>7-12</i>	
	NAME (Type)	. U. THOMP	SON			TOC	UST.	CT CAMO	מארת ו			
22	DUI AL CREATE			and a district transfer	Champing of the				RIDGE, 1	<u> </u>		
230	BUR AL, CREMATIO	2/25/196	_	23c NDORCHES			L PAR				(Sto	nej
24	DU'LLAL	-/-//-/-		ADDRESS	THE PLE	<b>设料开料</b>	20- 00-10	CAMBRID  BY REGISTRAR	25b REGISTR	YLAND.	105	
É	COMPTE FU	and the same of th	TICE,	CAMBRIDGE,	MARY	LAND.	DATE FE			or S. Hua		



FOR STATE rector. your o Boar for retained he State B death eath. If any of 3 to the fun 110 8 with 2 with and 1, 2, and 2 mad 2 v 72 hours This certificale should be executed within 24 hours after a word "pending" in pencil in Item 18. Give Peges 1, 2, ai addical Examiner's Office along with form PM3. Pege 5 redical Examiner's Office along with form PM3. Pege 5 and 2 within and removal, ò cremati the word Medical pino TO writing Chief age 3 Ē prior the certificate, forwarded to the L DIRECTOR. agent, should be forver its decidesignated DEPUT O Q 4 0 ö

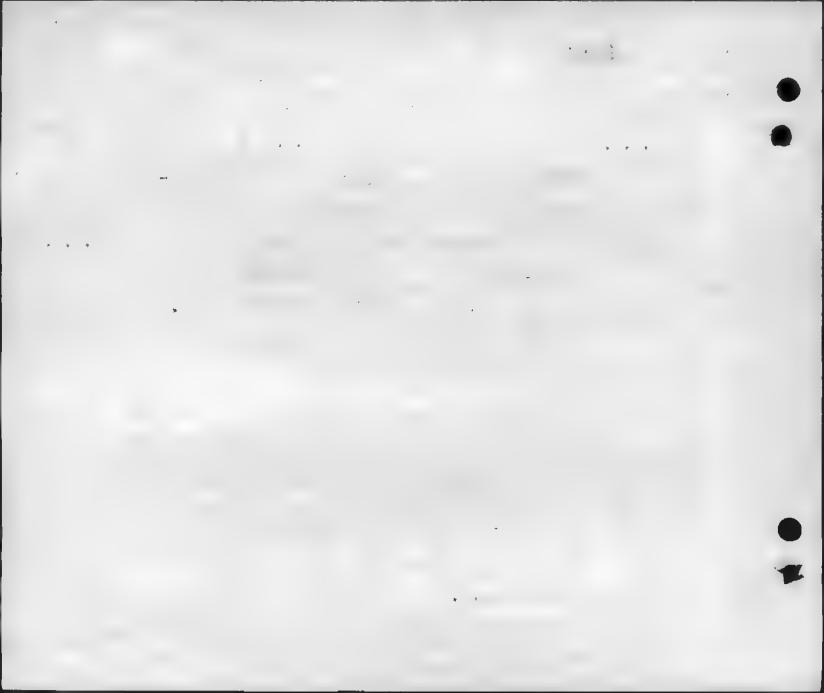
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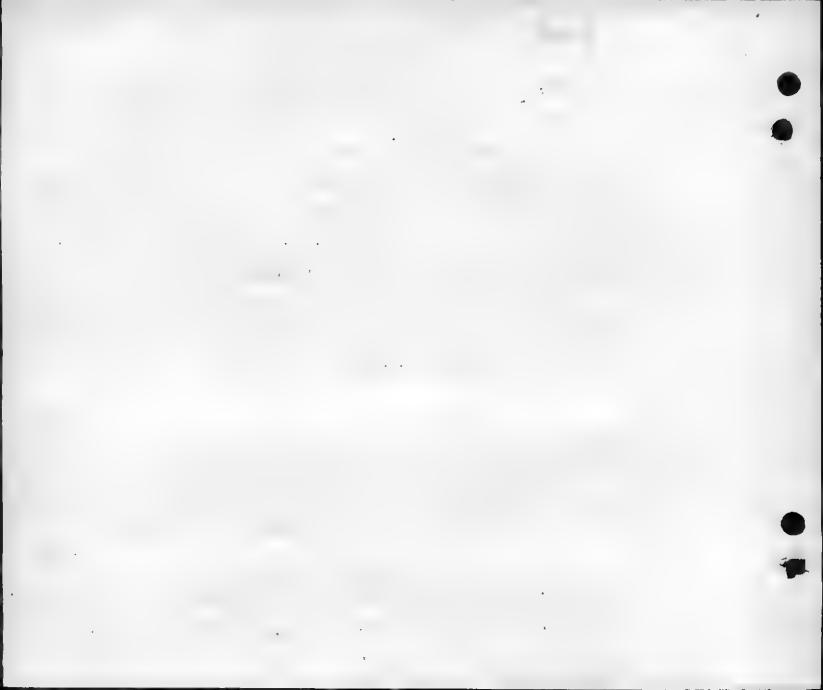
CERTIFICATION

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEET 2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before admission) e. COUNTY Dorchester b, COUNTY Maryland Dorchester MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lown) write RURAL and give neerest town) Hurlock Hurlock d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) T. STREET ADDRESS a. IS RESIDENCE ON A FARM? R.F.D. YES NO 3. NAME OF Middie Last 4. DATE Month DECEASED Hattie Player (Type or print) DEATH 5, SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BRIH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS O 7 yrs. Hours Female Negro WIDOWED Unknown DIVORCED T 1De USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done\_during most of working life, avan if retired) U.S.A. Laborer Canning house Unknown 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive werordeles of service) Letter found in house. 18. CAUSE OF DEATH [Enter only one cause per line (or (e), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (+) DUE TO Conditions, if env. which (b) geve rise to immediate cause **DUE TO** [a], steting the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1. 81 19. WAS AUTOPSY PERFORMED? NO 2De. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED, 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour n.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | |, Inspection X Inquiry and in my opinion Natural causes X death resulted from. Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) John Mace Address (Street, city, town, or county) 22a, 8URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stelle) REMOVAL (Specify) Near Hurlock. Maryland Washington Cemetery March 24,1961 Burial 23. FUNERAL DIRECTOR 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Maryland DAT MAR 2 8 '61

arilyon & Kenne



	A () (1) ()		CEKIII	CAI	E OF	JEAIT					
PLACE OF DEATH	<del>,,</del>				2. USUAL RI	SIDENCE (W	here decease	d lived If nstitut		ce befare a	Imission)
a. COUNTY	rchester		MARYI	AND	a STATE	Marv]	and	b COUNTY		heste	72
6 CITY OR TOWN	of outside corporate limit	, write	c LENGTH OF STAY	N 16	c. CITY O			rate limits, write F			
RURAL and give in	mbridge		10 days		13	Cambi	en h in				
d. NAME OF HOSPI	TAL (if not in haspital, gi	ve street a			d. STREET	ADDRESS	Tage			e 15	RESIDENCE
OR INSTITUTION	Eastern Sho	ma Si	rato Homit	- 27	1	220 E	Ramble	Road			N A FARM?
NAME OF	Fig.		Middle	VG.I		Last	4. DATE	Mar	-41-	Day	Year
DECEASED (Type or print)	_		middle				OF DEATH			-1	
SEX SEX	Russe		en fell hieren issannir	~ T I B	. DATE OF BI	llips	DEATH	9 AGE (In years	IE LADER		19 61 JNOER 24 HR
250			ED NEVER MARRIE		- 1			last birthday)	Manths		ors Min
Male	White ON (Give kind of work d	WIDOWE			9-24-	<u> </u>		56 yrs	15 CITI	TEN OF WIL	IATCOUNTRY
during most of war	rking life, even if retired)	anel IVID. I	CIND OF BUSINESS OF	KINDUSI	IKT IT BIKIT	ILTACE (210)	e ai rareign c	outiny)	12 (6)	ZEN OF WH	IATEQUININ
nsurance S	Salesman		-		T	S.A.		cyland		U.S	<u>.Λ.</u>
FATHER'S NAME					14. MOTHE	R'S MAIDEN	NAME				
Augustus				_		ura Aa	aron				
	ER IN U. S. ARMED FORCE (If yes, give wor or doles of set		OCIAL SECURITY NO.	17, INI	FORMANT				dress		
no	-	1	-	F	RECORDS	: Eas	stern S	Shore Sta	ite Ho	spita	1
18 CAUSE OF DE	ATH [Enter anly one cau	se per lin	e far (a), (b), and (c) ]							INTERVA	L BETWEEN
PART ). DEATH WAS CAUSED BY Gerebral Hemorrhage										davs	
42	DUE TO										
Conditions, if ony, which ) (b) Cardiac Arrhythmia								0,	lays		
gave rise to	immediate (			7 0200						1	200,70
lying cause last.	rne under										
	HER SIGNIFICANT CONE	ITIONS C	ONTRIBUTING TO DEA	TH BUT I	NOT RELATED	TO THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19 V	VAS AUTOPSY
PART II OT  200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)		_								PI	ERFORMED? S 🗍 NO 📆
20m ACCIDENT W	AS LINDERLYING IT	20h DESC	RIBE HOW INJURY OF	CUPPED	(Enter notur	e of injury in	Part Lar Por	t II of item 181		1 6.	J NO LA
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		MOL TIOT ITOOK! O	- CONNED	(Liner nator	o or milesy m		,			
20c TIME OF INJU Haur g. m.		- 204 (N)	JURY OCCURRED	20a PLA	CE OF INJUR	Y Mana Far	m, 20f. (City	a de devent		County)	(State
Haur a.m.	•	While	Nat while	fact	ary, street, of	fice bldg , el	in,   201. (CII)	r di Idwii)	(1	"constal	(31011
p. m.	19	at wark	at wark								
21 I certify the	at ( <b>広(th</b> is haspital)	attende	ed the deceased	fram _	2-14	19	261 , ta.	2-24	19.6	1. that	(I) ( <b>)/23</b> () lo:
saw the decea		2-24	19,61, and			red at 7 5	OM, fram	the causes or	nd an the	e date sta	ated above
220 S GNATURE	0 2		,				-				22b DATE
Thomas England					D PHYS		RECTOR	STAFF PHYS			2-2/1-6
22c PHYSICIAN'S	10	D			22d. AD	DRESS					
NAME (Type)	Harry J. C	rawfo	ord		East	ern Sh	nore St	tate Hosp	oital.	Camb	ridge.
BURIAL CREMATIC	1		23c NAME OF CEME	TERY OF				T ON (C ty, town,			(State)
REMOVAL (Specify											(21010)
FUNERAL DIRECTOR		OT	ADDRESS ADDRESS	H. MH	MORIAI		"D BY REGIS		MARYL ISTRAR'S SIG		
		atax		M	9				thun S.		
eCompte F	uneral Dire	ctor	Cambridge	e. Mo	1.		B 2 7 '6				



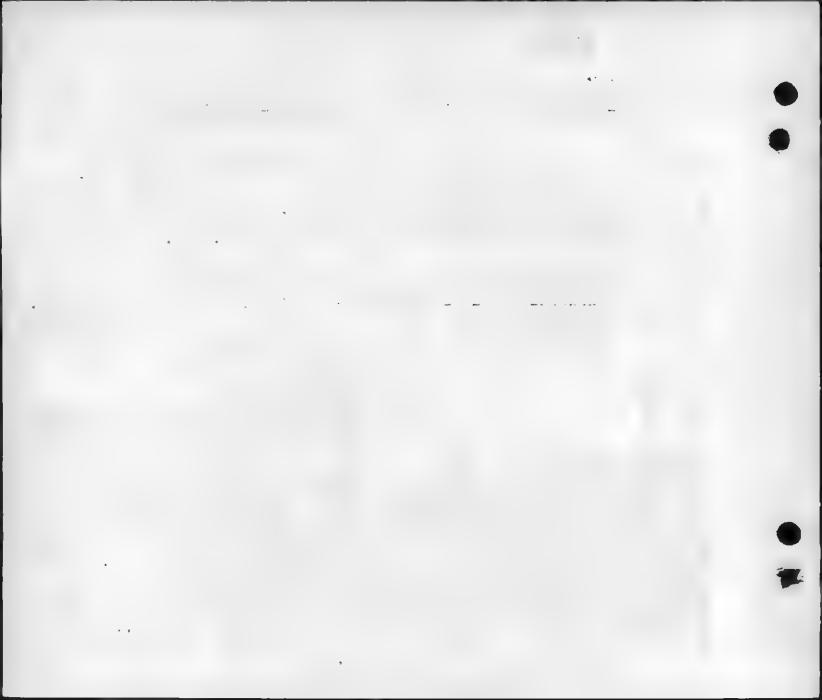
Cambridge,

Md.

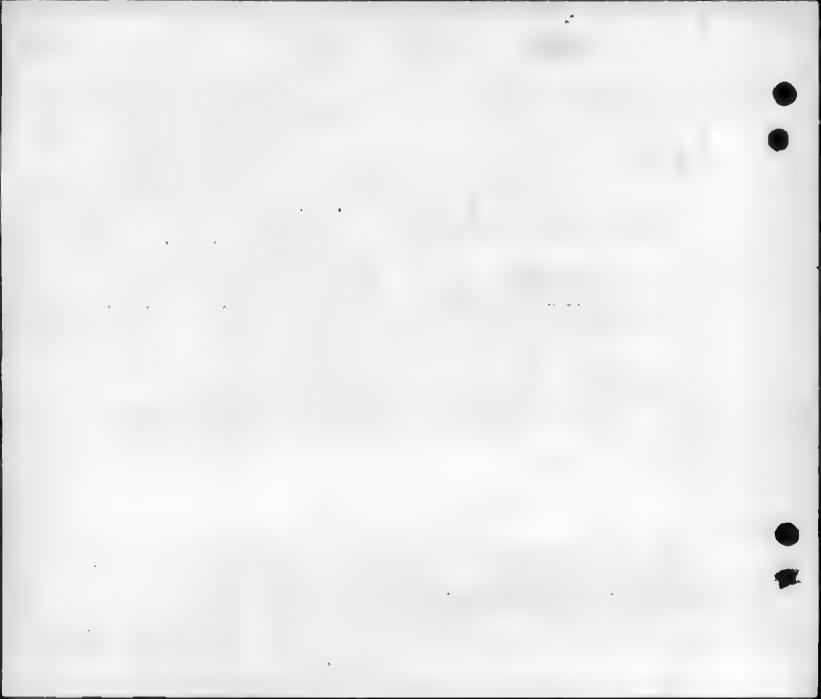
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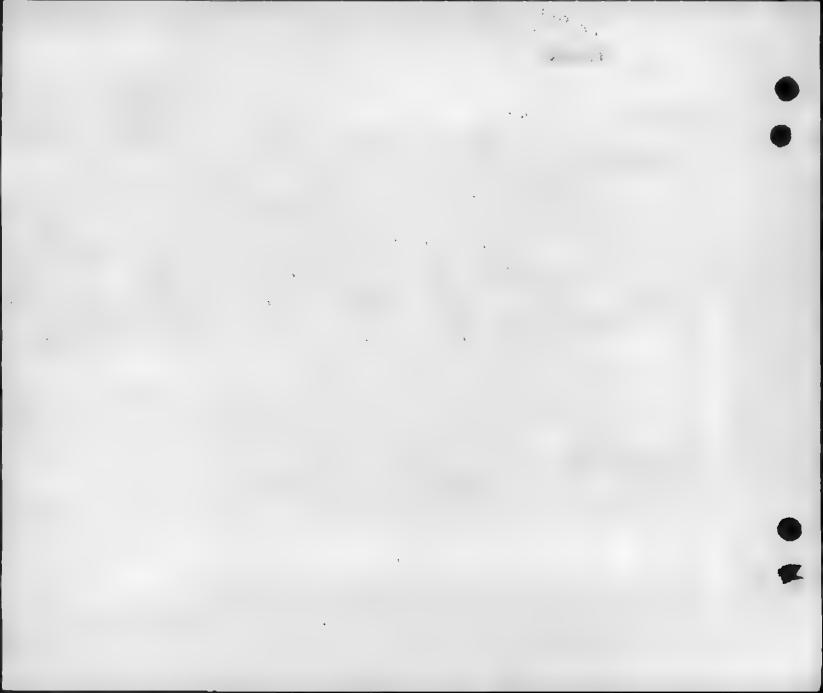


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



**BALTIMORE 1. MARYLAND** Division of STATISTICAL RESEAR MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY MARYLAND c. LENGTH OF STAY IN 16 TOWN (If outs da corporate limits, write RURAL and give nearast town, lrector, Ö Board IS RESIDENCE ON A FARMS within 24 hours after death. If any d. 8. Give Pages 1, 2, and 3 to the funer. retained State YES NO 3. NAME OF Middie DATE Month Day DECEASED the DEATH [Type or print] 19 may be 2 with AGA (In years IF UNDER 1 YEAR , IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED las by Inday) and 2 2 hours W.DOWED I 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? form PM3. Page dong during most of working life, even if retired) LABOR 13. FATHER'S NAME pages permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN' (Yes, no, or unkown) (If yes give war or dates of servica) Office along with 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c), [ .⊑ burial-transit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if any, which gave rise to immadiate cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a **DUE TO** (a), stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20a EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Peri I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED: 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) factory, street, office bldg., atc.) While Not Whila Hour a.m. at work at work Prior p.m. 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Suicide Homicide Undetermined manner death resulted from Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S DEPUT NAME (Type) CREMATION .. 226. DATE THEREC NAME OF CEMETERY OR CREMATORY EMOVAL (Specify) 0 ਯੂ 4 0 REGISTRAR'S SIGNATURE VS. A15ME . 9 arilar S. Kraus

AND STATE DEPARTMENT OF HEALTH



# OR STÂTE HEALTH DEPT.

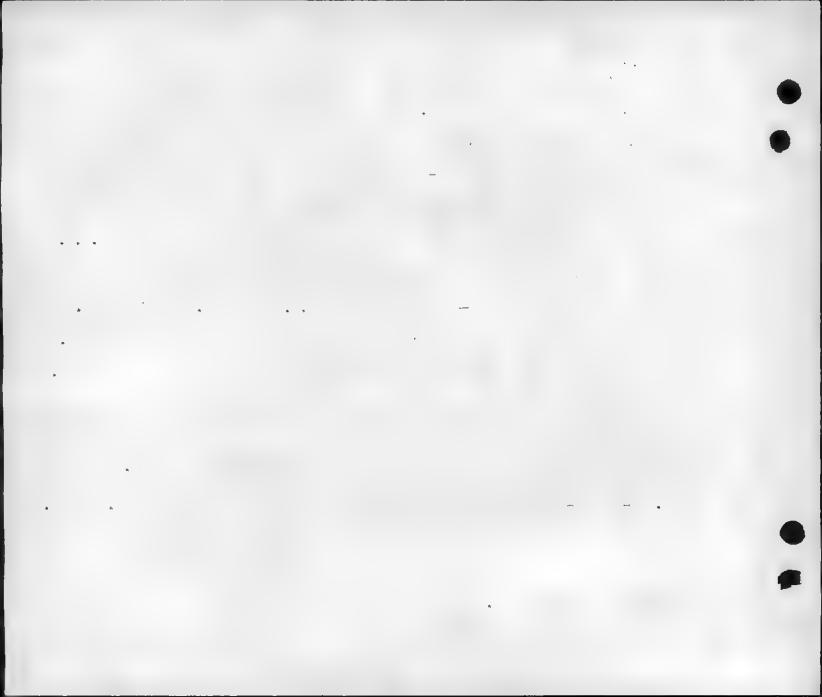
TO DEPUTY N. VICAL MINER: This certificate should be executed within 24 hours after death. If any delay is necessary execute the fifical filing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the fune frector 4 should be nowarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your 1TO FULLER ME MIRECTOR: Mage 3 should be used as a burial-tramsit permit. File mages 1 and 2 with the State Board of a or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME &M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1865 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Rea. Dist.	6.1	I1	-#	A	44	6	ì
Red. 13131.	No	<u> </u>	mile.	( )		8	z

DETYOR TOWN I tends appeare lend, with RUBAL and give recorest town   2 Mo.   North East   North	)	1. 6	Derchester MARYLAND				C. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)					
Eastern Shore State Hospital    NAME OF OCCASION   Harriet	1		and a ve nearest town									
DECASED  OBATH  DECASED  OBATH  DECASED  OBATH  DECASED  OBATH  OBATH  DECASED						ess)	d STREET ADDRESS				ON A FARWA	
Township	€.	C	DECEASED T	larriet	First		Sr	iAger.	OF	- 1		
HOUSE WIFE  13. FATHER'S NAME  Henry Lockard  15. WAS DECASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO  17. INFORMANT  Recards E.S. State Hosp. Cambridge, Md.  18. CAUSE OF DEATH [Enter only one course per line for [o], (b), and (c).]  Conditions, if only, which give rine to immediate course [o], storing to immediate						101-		9/9/97	9 A	by(hday)		
Henry Lockard  15. WAS DECASED EVER IN U. S. ARNED FORCES?  16. SOCIAL SECURITY NO  17. RIFORMANT  Records E.S. State Hosp. Cambridge, Md.  18. CAUSE OF DEATH [Enter only one course per line for (p), (b), and (c).]  18. CAUSE OF DEATH [Enter only one course per line for (p), (b), and (c).]  18. CAUSE OF DEATH [Enter only one course per line for (p), (b), and (c).]  19. Conditions, if any, which gove rise to immediate course (p), intering the modified course (p), storing the underlying the underlying (p), storing the underlying (p), storing the underlying the underly		d	luring most of working	ig life, even if ret	work done 10 red)		R INDUSTI			)		
15. WAS DECEASED EVER IN U. 5. ABMED FORCES?  16. SOCIAL SECURITY NO  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  19. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  19. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  10. Conditions, if one, which gove rise to immediate course [o], storing the underlying DUE TO course lost.  10. Conditions, if one, which gove rise to immediate course [o], storing the underlying DUE TO course lost.  10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTORSY PERFORMANCED PART II (c) THE UNITY OF CONTRIBUTING IN PART II (c) 19. WAS AUTORSY PERFORMANCED PART II (c) THE UNITY OF CONTRIBUTING IN PART II (c) I		13.	FATHER'S NAME				-	14 MOTHER'S MAIDEN	NAME			
Records E.S. State Hosp. Cambridge, Md.	1		Henry Loc	ckard				Laura Lo	ckard			
18. CAUSE OF DEATH   Enter only one course per line for (o), (b), and (c).	ノ		no, es unknown)			16. SOCIAL SECURITY NO						-
PART II. DEATH MAC AUSES 40:  Conditions, if one, which gove rise to immediate coune (c), storing the underlying out to (b)  Adeno Carcinoma breast  1 yr.			No				Re	cords E.S.S	tate Hosp	• Camb	ridge,	Md.
Conditions, if ony, which gove rise to immediate course lost, stating over rise to immediate course lost, stating the underlying course lost, stating the underlying course lost, stating to part it of part it of the terminal disease condition given in part I(a) 19. Was autopsy Performing To Death But not related to the terminal disease condition given in part I(a) 19. Was autopsy Performing To Death But not related to the terminal disease condition given in part I(a) 19. Was autopsy Performing To Death But not related to the terminal disease condition given in part I(a) 19. Was autopsy Performing To Death But not related to the terminal disease condition given in part I(a) 19. Was autopsy Performing To Death But not related to the terminal disease condition given in part I(a) 19. Was autopsy Performing To Death But not related to the terminal disease condition given in part I(a) 19. Was autopsy Performing To Death But not related the notice of injury in Part I or Part II of Hom IB 1 Nurse of Death.  Nurse heard snap while getting her out of bed.  Nurse heard snap while getting her out of bed.  Nurse heard snap while getting her out of bed.  Nurse heard snap while getting her out of bed.  Sold inflored the notice of II of Hom IB 1 Nurse II of II of Hom IB 1 Nurse II of Part II of Hom IB 1 Nurse II of			PART I, DEATH WAS CAUSED BY: General carcinomatosis 6 Mo.									
Open control of immediate course (c), stating the underlying   Open course leaf.			Adama Camainawa husant									3 222
[c], stoting the underlying   DUE TO   Cause lost.  FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? PERFORMED.	ĺ			diate cause		Acello Carca	HORIST	Diggs				T Are
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED PRIMARY OF CONTRIBUTION OF PERFORMED PRIMARY OF PART 1 of Part 11 of Ham 18 1 PERFORMED PRIMARY OF CONTRIBUTION OF PERFORMED PRIMARY OF PART 1 of Part 11 of Ham 18 1 PERFORMED PRIMARY OF PART 1			(a), stating the		E 10							
Pathological fracture neck left femur  200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Hom 18 )  Nurse heard snap while getting her out of bed.  30c. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING TO DEPUTY Month, Control of Injury in Part I or Part II of Hom 18 )  Nurse heard snap while getting her out of bed.  30c. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTION OF DEPUTY Month, Control of Injury in Part I or Part II of Hom 18 )  Nurse heard snap while getting her out of bed.  30c. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTION OF PLACE OF INJURY (Home, form, 2001 (City or fown) (County) (Stote)  40c. Hour a.m. 1201 (19 of only) (Stote)  40c. Hospital Cambridge Dor. Md.  21. I certify that I took charge of the remains described above, held an Autopsy I, Inspection I, Inquiry I, and In my opinion death resulted fram. Natural causes A. Accident I, Suicide I, Hamicide I, Undetermined manner II  ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER II  ASSISTANT ME		z		TER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TERM	INALDISEASE CON	IDITION GIVE	N IN PART IG	oll 19. WAS AUTOPSY
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)    State		PICATIO	Pa	athologic	cal fra	acture neck	left	femur				PERFORMED?
21. 1 certify that I took charge of the remains described above, held an Autopsy   , Inspection   , Inquiry   , and In my opinion death resulted fram. Natural causes   M. Accident   , Suicide   , Hamicide   , Undetermined manner   ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   2/13/61  220 BUSIAL CREMATION   220 DATE THEREOF   220. NAME OF CEMETERY OR CREMATORY   220. LOCATION [City, town, or county]   (State)   County			PRIMARY OF COL	NTRIBUTING TE		Nurse heard	snar	while gett	ing her		bed.	
21. 1 certify that I took charge of the remains described above, held an Autopsy   , Inspection   , Inquiry   , and In my opinion death resulted fram. Natural causes   M. Accident   , Suicide   , Hamicide   , Undetermined manner   ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   2/13/61  220 BUSIAL CREMATION   220 DATE THEREOF   220. NAME OF CEMETERY OR CREMATORY   220. LOCATION [City, town, or county]   (State)   County		DICA	20c. TIME OF INJUI	RY Month, Do			20e PLAC	E OF INJURY (Home, formanter), street, office bidg., etc.	m, 20f (City or to	wn)	(County	(State)
opinion death resulted fram. Natural couses A. Accident , Suicide , Hamicide , Undefermined manner   ACTUAL SIGNATURE		ME	5.30 pmm.	11-11			He	spital	Cambr:	dge	Dar.	Md.
ACTUAL SIGNATURE  M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   2/13/61  220 BUSIAL CREMATION, 1276 DATE THEREOF  REMOVAL (Specify)  PLANTAGE  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			21. I certify ti	nat I toak ch	arge of th	e remains describ	ed abar	re, held an Autops	sy 🔲, Inspe	ction 🚺,	inquiry	, ond in my
SIGNATURE  SIGNATURE  ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   2/13/61  270 BURIAL CREMATION, 1776 DATE THEREOF  REMOVAL (Specify)  PLUTICAL  ADDRESS  1 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			opinion death	resulted from	. Nature	al couses 🔼 Acc	ident [	], Svicide [],	Hamicide [	Undeter	mined mai	nner 🔲
NAME (Type) John Mace Jr.  DEPUTY MEDICAL EXAMINER (3)  2/13/61  220 BURIAL CREMATION, 276 DATE THEREOF (200, NAME OF CEMETERY OR CREMATORY)  REMOVAL (Specify)  2-17/96  ADDRESS  2/13/61  220, LOCATION (City, Nown, or county)  (Stote)  ADDRESS  240, REC'D BY REGISTRAR'S SIGNATURE				Jan	- 22	muly		M.D.				DATE SIGNED
220 BUSIAL CREMATION, 276 DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. 10mm, or county) (Stote)  PLANCE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			The second secon	- 1 1			•		_		0/	201/2
Pured 2-17 1961 M ethodish Trush East Could Md 23 FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		220				The state of the s	EVERY OR			City bases		
1 2 1/2 (2.1)	1		REMOVAL (Specify)	12-	17 19	61 m-	Eth	odist	MAY	la Eax	the Ca	cell hid
1 MOSK WILL NO AND INTO MAN OVER SHOP DATE FEB 2 0 '61 Carlon & Harris		23	FURERAL DIRECTOR	S SIGNATURE	/ -	ADDRESS	1 Ca	QF MA DATE F				



#### FOR STATE HEALTH DEPT.

TO DEPUTY MEDIC. EXAMINER: This certificate should be executed within 24 hours after death. If any consideration please execute the certificate, writing the word "pending" in pending the lem 18. Give Pages 1, 2, and 3 to the fune director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the State Board of Health, or its designated agent, prior to burial, cremation, or removed, and in any meent within 72 priors death.

VS. A15ME

SM 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

IVISION OF STATISTICAL	L RESEARCH	AND RECORDS,	301 W. PRESTON	SIREEL, BALLIMORE
4 0 0 ME	DICAL EX	CAMINER'S	CERTIFICATE	OF DEATH

MARYLAND

01940

	1000				112016
1. PLACE OF DEATH	H TO TO			NCE (Where deceased lived, If institu	
	HESTER. CO.	MARYLAND	a. STATE MARYLA	b. COUNTY	DODOUTECEED GO
b. CITY OR TOWN (	if outside corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporate limits, write RUR.	DORCHESTER, CO. AL and give nearest town
	E. MARYLAND.	2 HOURS	13 CAMPER	IDOR MADEL AND	12/2/2011
		ol in hospital, give street eddress)	d. STREET ADDRESS		o. IS
CAMBRIDGE					ON MARKET
3. NAME OF	MARYLAND HO	SPITAL Middle	CHOPTANK	TERRACE.	YES THO IX
DECEASED			Last	4. DATE Month OF	Day Yeer
(Type or print)	WILL		STOKER	DEATH 2	24 19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	Least Clab days	DER 1 YEAR   IF UNDER 24 HRS.
MALE	WHITE	WIDOWED DIVORCED	1/18/1900	61 yrs. Mon	ths Doys Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (State	s or foreign country) 11	2. CITIZEN OF WHAT COUNTRY?
AGENT	nung mo, even n rented;	INSURANCE	DORCHESTE	ER, CO. MARYLAND	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN		U.D.H.
WILLIAM	J. STOKER		ETTA LIE	TO A OUT TORK	
	ER IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY NO.   17.	INFORMANT		
	fyes give were relates of serv	ice)		CAP	BRIDGE, MARYLAN
NO	NO	UNKNOWN M	RS. WILLIAM S	STOKER, CHOPTANK	TERRACE,
	H WAS CAUSED BY:	use per line for (a), (b), end (c).]	ADDELLA AND		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	CEREBRAL MEM	ORRHAGE		2 hrs.
3313	DUE TO				
Conditions, if any	, which ) (b)	HYPERTENS ION			?
gava rise to immedi	ele cause				
(a), stelling the u	ndenying				
cause lest.	COLONIEICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	DADTICAL TO AMAG ALITODAY
PAKI II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT P	NOT KELATED TO THE TEKM	INAL DISEASE CONDITION GIVEN IN	PERFORMED PERFORMED
3					YES NO
PRIMARY OF CO CAUSE OF DEATH.		DESCRIBE HOW INJURY OCCURED.	(Enter natura of injury in Pa	ert I or Pert II of item 18.)	
20c. TIME OF INJU	RY Month, Dey, Yeer		LACE OF INJURY (Home, far		(County) (State)
Hour a.m.		While Not While	sciory, streat, offica bldg., et	c.1	
p.m.	19		hald an Autonou	Land CAN Land	7
		he remains described above, I		Inspection . Inquiry	, and in my opinion
death resulted f	rom Natural caus	es 🔼 Accident 📗 Su	icide, Homicide	Undetermined manne	r [_]
124 14 15 16			CHIEF MEDICAL	EXAMINER	
ACTUAL SIGNATURE	tole	2 2000 En )	ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
	1	7	DEPUTY MEDICA	AL EXAMINER	2/25/61
NAME (Typa)	John	Mace Jr.		city, lown, or county)	-///
20. BURIAL, CREMATIO	N. 226. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, town, or co	ountry) (State)
BURIAL (Specify)		DODGETT COM			
23. FUNERAL DIRECTOR	2/27/1961	DORCHESTER ME	MORIAL PARK	CAMBRIDGE MARY	T A ND R'S SIGNATURE
S. FUITERAL DIRECTOR			240. KC		
. R. COMPTE	FINERAL SERV	TICE CAMBRIDGE N	MARYTAND DATE	AR 2 '61 arthur	S. Thous

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